MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL EXAMINER'S CEI	RTIFICATE OF DEATH	No
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY St. Mary!s MARYLAND	STATEMARYLAND COUNTY St. Mary	18
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN  CITY (If outside corporate limits, write RURAL tin this place)  TOWN  LENGTH OF STA	Y CITY (If outside corporate limits write RURAL and OR TOWN Oakley	give nearest town)
HOSPITAL OR INSTITUTION OR OSTREET ADDRESS	STREET (If rural, give location) ADDRESS	1
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Joseph Aaron	(Last) 4. DATE (Month) (Day) OF DEATH Oct. 25	
Male Colored (Specify): Single Jul  10a. USUAL OCCUPATION (Give kind of work done during most of work life, INDUSTRY:		Hours   Min. CITIZEN OF WIIA' COUNTRY?
even if retired):		S.A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Joseph Aaron Armstrong	Mary Elizabeth Butler	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: (Yes, no, or unk.) (If Yes, give war or dates of service)	Joseph A. Armstrong Oakley,	Maryland
Immediate cause  (a)	emia	ONSET AND DRATE
11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes [ No [
21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Street, office bldg., et injury  OF STREET, OFFICE OF STREET, OFFICE STREET	ry, 21c. (City or town) (County) tc., 21f. HOW DID INJURY OCCUR?	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M. M. Work □ at work □		
22. I hereby certify that I took efferge of the remains described from. Natural causes A. Account of the control of the remains described from. Natural causes A. Account of the certific of the remains described from the control of the remains described from the control of the certific of the remains described from the control of the remains described from the certific of the cer	ribed above, held an Autopsy 📑, Inspection 🗍, cident 🗍, Suicide 📋, Homicide 📋, Undeter CHIEF MEDICAL EXAMINER 🛗 M. D. ASSISTANT MEDICAL EXAM.	Inquiry □, and mined cause □ DATE SIGNED
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER BUTIES 10/27/55 Sacred He	eart   Location (City, town, or co	
DATE REC'D BY LOCAL RECISTRAR'S SIGNATURE REG. 10/25/5	Jos. C. Mattingley Leonardt	ADDRESS Own, Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

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INSTRUCTIONS

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death.

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10094

CERTIFICATE OF DEATH 10160

Jos. C. Mattingly Leonardtown, Md.

	Reg. Dist. No. 28
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY St. Mary's MARYLAN	ND STATE Maryland COUNTYSt. Mary's
CITY (If outside corporate limits, write RURAL LENGTH OF Corporate limits, write RURAL (in this plec	STAY CITY (Il outsida corporata limits, writa RURAL end give nearast town)
	ay's TOWN Rural Great Mills
HOSPITAL OR	STREET (II rural give location)
78 STREET ADDRESS St. Mary's Hospital	ADDRESS
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Day) (Year)
(Typa or Print) Walter Spence:	
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	B. DATE OF BIRTH 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HR
Male White Specify Married	October 26,1883 71 yrs. Months Days Hours Min.
10a, USUAL OCCUPATION (Give kind of work   10b, KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT
done during most of working life, even if retired) Railroad Clerk	North Carolina U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Alfred Morton Bulla	Elizabeth Spencer
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECUR	
(Yes, no, oNo.) (If Yes, giv Non Heles of service) 704-16-	8427 Mary L. Bulla Great Mills, Maryland
ta. MEDI	CAL CERTIFICATION INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
IMMEDIATE CAUSE (A) Cerebral	Nemorrheau 15 days
ANTECEDENT CAUSE(S) DUE TO	
DISEASES OR CONDITIONS, IF ANY, (B)	artinos lerosus / cym
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	
(C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
198, DATE OF OPERATION   196, MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO
21a. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Homa, farm, factory, OF CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a. INJURY OCCURE	
M. Whila Not w	
22. I hereby certify that I attended the deceased from Oc.	t 10 , 1955 to 0 t 25, 195 3 that I last saw the deceased
alive on 6-125, 1955, and that death of	ccurred at 1.1.10.7M, from the causes and on the date stated above.
SIGNATURE	ADDRESS (Strapt, city, town, state) DATE SIGNET
Noun mo	M.D. 62 + h. //2 hd 10/26/6
23. BURIAL, CREMATION, DATE THEREOF NAME OF CE	METERY OR CREMATORY LOCATION (City, town, or county) (Sete)
Burial 10/28/55 Chest	nut Hill Salisbury, North Carol
24. REC'D BY REGISTRAR /   REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

CERTIFICATE OF DEATH planellationer distribution le commun the state of the s Lectards and Line at the Market Malle Instruct after at Walter Spencer mills wife white the desired details atill also and forces its real ligateth Spender alfest morecul beal hary I. wills treet Millie, darring

BUREAU V. S.

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10/28/55 | Cheerant H111

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after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

# 10095 CERTIFICATE OF DEATH

10101

282

			Re	g. Dist. No.	
1. PLACE OF DEATH		2. USUAL RESIDENCE	E (HOME) OF DE	CEASED	
COUNTY St. Marys	MARYLAND	stateMaryland	COUNTY	St. Mary	/s
CITY (If outside corporate limits, write RURAL	LENGTH OF STAY	CITY (If outside corpore		d give necrest low	1)
OR end give neerest town) Compton	(in this plece)	TownCompton			×
HOSPITAL OR		21KEE1	(If ruref give	e locetion)	1
INSTITUTION OR STREET ADDRESS		ADDRESS	ements Shor	• • •	
3. NAME OF (First) (A	Aiddla)	(Lost)	4. DATE (Mont		(Yeer)
(Type or Print) William Ro	sevear	Chaplin	OF DEATH 1	0 - 17	55
5. SEX   6. COLOR OR   7. SINGLE, MARRIEI			AGE last birthdey	IF UNDER 1 YEAR	IIF UNDER 24 HRS
RACE WIDOWED, DIVO	DRCED,		70	Months   Deys	Hours   Min.
11117 AC 11117	rried   Nove	nber 17, 1902	52 yrs.	10 61777	EN OF WHAT
done during most of working fife, even if OR	INDUSTRY				NTRY?
	. Service	Pennsylvania		US	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME		
Frank J. Chaplin		Rhoda Ros	sevear		
	SOCIAL SECURITY NO.	. 17. INFORMANT & AD	DRESS		
(Yes, no, or unk.) (If Yes, give war or dates of service)	00 m m 40 m	Mollie P.	Chaplin -	Compton.	Maryland
	18. MEDICAL CEI			INT	ERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Partilie	2.0 0/5	1	ON	ISET AND DEATH
IMMEDIATE CAUSE (A)	Gachera	Malnun	mon		
ANTECEDENT CAUSE(S) DUE TO	fundaling	200000000		1	8MOS
DISEASES OR CONDITIONS, IF ANY, (B)	guyo w	Jucco - Ia			97.160
GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C)	V V				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
196. DATE OF OPERATION 196. MAJOR FINDINGS O	F OPERATION			2	D. AUTOPSY?
				YES	NO 🖾
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Homa, OR CONTRIBUTING 2 CAUSE OF DEATH OF INJURY street, of (IF EITHER, NOTIFY MEDICAL EXAMINER)		21c. WHERE DID INJURY OCCUR?	(City or town)	(County)	(Stete)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a. While	NJURY OCCURRED Not while	211. HOW DID INJURY OCCUR?			
M. et wo					
22. I hereby certify that I attended the decease	ed from MOV	1953 10 (00	1953	that I last sa	w the deceased
		10:50 P.M. from the car			
SIGNATURE A D AH	mar acam accurred a	7. ADDRE	ESS (Street, city, lown		DATE SIGNED
Joy Lught	e M.D.	nechance	sittle	10/1	18/13-
23. BURIAL, CREMATION, REMOVAL (SPECIFY)	NAME OF CEMETERY OR		LOCATION (City, town	, or county)	(Stete)
Burial 10/19/55	Cedar Hill		Washingto	n. D.C.	
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	//	25. FUNERAL DIRECTOR'S SI		ADDRES	
DATE 10-19-55 XIII 4 4 1/0 &	Varioonil	P.B. Robinso	on - Leonar	dtown, Mo	1.

/Davis

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n Deep Company Land				

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# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10096

# CERTIFICATE OF DEATH

10102

Reg. Dist. No....

Male Colored (Specify Single April 30, 1952 3 yrs. Moghs 28 Hours / Specify Single (Specify Single April 30, 1952 3 yrs. Moghs 28 Hours / Specify Single (Specify Single April 30, 1952 3 yrs. Moghs 28 Hours / Specify Single (Specify Single) (Spe								
CITY (If outlide comports ginith, write RURAL or No. 1 things placed)  OR and give nearest town)  OR DESTITUTION OR STATE (In runs)  NOSPITAL OR DISTANCE (In runs)  STREET ADDRESS  NAME OF (I'viii)  OR OF CASES  OR OF COLOR OR T. SINGIL, MARRED, CO. 1 SAME (In runs)  South Of Colored  OR OF SINGIL ADDRESS  OR OF SINGIL (In runs)  OR OF SINGIL ADDRESS  OR OF SINGIL (In runs)  OR OF SINGIL ADDRESS  OR OF SINGIL (In runs)  OR OF SINGIL ADDRESS  OR OF SINGIL (In runs)  OR OF SINGIL (In	1. PLACE OF DEA	гн			2. USUAL RESIDE	NCE (HOME) OF DECE	EASED	
CITY (If outlide comports ginith, write RURAL or No. 1 things placed)  OR and give nearest town)  OR DESTITUTION OR STATE (In runs)  NOSPITAL OR DISTANCE (In runs)  STREET ADDRESS  NAME OF (I'viii)  OR OF CASES  OR OF COLOR OR T. SINGIL, MARRED, CO. 1 SAME (In runs)  South Of Colored  OR OF SINGIL ADDRESS  OR OF SINGIL (In runs)  OR OF SINGIL ADDRESS  OR OF SINGIL (In runs)  OR OF SINGIL ADDRESS  OR OF SINGIL (In runs)  OR OF SINGIL ADDRESS  OR OF SINGIL (In runs)  OR OF SINGIL (In	COUNTY St.	larv's	MADVI	AND	STATE Marv	and COUNTY St	Marvi	9
TOWN The contractown   Control   Con	CITY (If outside corp	orate limits, write RURAL	LENGTH O	F STAY				
SISTENTION OR STREET ADDRESS  3. NAME OF STREET ADDRESS  4. DATE STREET ADDRESS  4. DATE (State or foreign country)  12. CITIZEN OF WHAT OUR STREET IN U. S. ARMS OF STREET ADDRESS  3. NAME OF STREET ADDRESS  3. NAME OF STREET ADDRESS  4. DATE (State or foreign country)  12. CITIZEN OF WHAT OUR STREET IN U. S. ARMS OF STREET ADDRESS  3. NAME OF STREET ADDRESS  4. DATE (State or foreign country)  12. CITIZEN OF WHAT OUR STREET IN U. S. ARMS OF STREET IN U. S. ARMS OF STREET ADDRESS  3. NAME OF STREET ADDRESS  4. DATE (State or foreign country)  12. CITIZEN OF WHAT OUR STREET IN U. S. ARMS OF STREET IN U. S. ARMS OF STREET IN U. S. ARMS OF STREET ADDRESS  15. WAS DECRASSE OR CONDITIONS DECRETE U. S. ARMS OF STREET ADDRESS  16. SOCIAL SECURITY NO.  17. INFORMANT & ADDRESS  17. INFORMANT					OR _			×
3. NAME OF DECEASED (Type or Print)  DECEASED (Type or Print)  George Francis Deade  1. Date (Modda)  Death Oct. 27, 195  S. SEX 6. COLOR OR 7. SMIGLE, MARBIED, WINDOWS, DIVORCED, USDAY, STORE OF BIRTH  ALL COLOred (Specify Single April 30, 1952)  10. USUAL OCCUPATION (Give bind of working life, even if life UNDER 19 and the date of working life, even if life UNDER 19 and the date of working life, even if life UNDER 19 and the date of working life, even if life UNDER 19 and the date of working life, even if life UNDER 19 and the date of working life, even if life UNDER 19 and the date of working life, even if life UNDER 19 and the date of working life, even if life UNDER 19 and the date of working life, even if life UNDER 19 and the date of working life, even if life UNDER 19 and the life UNDER 19 and t	INSTITUTION OR	St. Marv	's Hospit	al		(Il rurat give to	cetion)	1
DECEASED (1790 or Print)  George Francis Dade  Death Oct. 27, 195  SISK 6. COLOR OR RAGE RAGE RAGE RAGE RAGE RAGE RAGE RAGE				1	(Lest)	4. DATE (Month)	(Day)	(Year)
Male Colored Specify Single April 30, 1952 3 yrs. Mogris 28 Hours / Specify Single April 30, 1952 3 yrs. Mogris 28 Hours / Specify Single April 30, 1952 3 yrs. Mogris 28 Hours / Specify Single April 30, 1952 3 yrs. Mogris 28 Hours / Specify Single April 30, 1952 3 yrs. Mogris 28 Hours / Specify Single April 30, 1952 3 yrs. Mogris 28 Hours / Specify Single April 30, 1952 3 yrs. Mogris 28 Hours / Specify Single April 30, 1952 3 yrs. Mogris 28 Hours / Specify Single April 30, 1952 3 yrs. Mogris 28 Hours / Specify Single April 30, 1952 3 yrs. Mogris 28 Hours / Specify Single April 30, 1952 3 yrs. Mogris 28 Hours / Specify Single April 30, 1952 3 yrs. Mogris 28 Hours / Specify Single April 30, 1952 3 yrs. Mogris 28 Hours / Specify Single April 30, 1952 3 yrs. Mogris 28 Hours / Specify Single April 30, 1952 3 yrs. Mogris 28 Hours / Specify Single April 30, 1952 3 yrs. Mogris 28 Hours / Specify Single April 30, 1952 3 yrs. Mogris 28 Hours / Specify Single April 30, 1952 3 yrs. Mogris 28 Hours / Specify Single April 30, 1952 3 yrs. Mogris 28 Hours / Specify Single April 30, 1952 3 yrs. Mogris 29 Hours / Specify Single April 30, 1952 3 yrs. Mogris 29 Hours / Specify Single April 30, 1952 3 yrs. Mogris 29 Hours / Specify Single April 30, 1952 3 yrs. Mogris 29 Hours / Specify Single April 30, 1952 3 yrs. Mogris 29 Hours / Specify Single April 30, 1952 3 yrs. Mogris 29 Hours / Specify Single April 30, 1952 3 yrs. Mogris 29 Hours / Specify Single April 30, 1952 3 yrs. Mogris 29 Hours / Specify Single April 30, 1952 3 yrs. Mogris 29 Hours / Specify Single April 30, 1952 3 yrs. Mogris 29 Hours / Specify Single April 30, 1952 3 yrs. Mogris 29 Hours 29 Hours / Specify Single April 30, 1952 3 yrs. Mogris 29 Hours 29 Hou		George	Francis	Da	ade		. 27,	55
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if relified   10b. KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (State or foreign country)   12. CHITZEN OF WHAT done during most of working life, even if relified   12. CHITZEN OF WHAT done during most of working life, even if relified   12. CHITZEN OF WHAT done during most of working life, even if relified   12. CHITZEN OF WHAT done during most of working life, even if relified   12. CHITZEN OF WHAT done during most of working life, even if relified   12. CHITZEN OF WHAT done during most of working life, even if relified   12. CHITZEN OF WHAT done done during most of working life, even if relified   12. CHITZEN OF WHAT done during most of working life, even if relified   12. CHITZEN OF WHAT GONE WAS DUE TO   12. INFORMANT & ADDRESS   12. CHITZEN OF WHAT GONE RELIFIED OF WAS DUE TO   12. CHITZEN OF WHAT GONE RELIFIED OF WAS DUE TO   12. CHITZEN OF WAS DUE TO   12. CHITZEN OF WHAT GONE RELIFIED TO THE DISTANCE CAUSE   12. CHITZEN OF WAS DUE TO   12. CHITZE		OLOR OR 7. SINGLE	, MARRIED,	8. DATE OF	BIRTH	9. AGE last birthday   1F	UNDER 1 YEAR	IF UNDER 24 H
OR INDUSTRY   Maryland   OR INDUSTRY   Maryland   OR INDUSTRY   Maryland   OR INDUSTRY   Maryland   OR INDUSTRY		lored (Specify	Single	April	30, 1952		5 28	Hours Mi
13. FATHER'S NAME   14. MOTHER'S MAIDEN NAME   15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT & ADDRESS   17. INFORMANT & ADDRESS   18. MEDICAL CERTIFICATION   17. INFORMANT & ADDRESS   18. MEDICAL CERTIFICATION   18. MEDICAL CERTIFICATION   19. MAINTECEDENT CAUSE(S)   DUE TO   DISEASES OR CONDITIONS, IF ANY, (B)   STATING UNDERLYING CAUSE LAST, (B)   OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASES OR CONDITION SONT INDUSTRY STRENG HOLD IN THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION   19. MAJOR FINDINGS OF OPERATION   20. AUTOPSY? VES   NO   21. ACCIDENT WAS UNDERLYING CAUSING DEATH.   19. DATE OF OPERATION   19. MAJOR FINDINGS OF OPERATION   21. MAJURY OCCUR? (City or town)   (County)   (Shele)   OR CONTRIBUTING CAUSE OF DEATH OF INJURY stread, office bidgs, etc.)   21. HOW DID INJURY OCCUR? (City or town)   (County)   (Shele)   OR CONTRIBUTING CAUSE OF DEATH OF INJURY Stread, office bidgs, etc.)   21. HOW DID INJURY OCCUR? (City or town)   (County)   (Shele)   OR CONTRIBUTING CAUSE OF DEATH OF INJURY Stread, office bidgs, etc.)   21. HOW DID INJURY OCCUR? (City or town)   (County)   (Shele)   OR CONTRIBUTING CAUSE OF DEATH OF INJURY STREAM, office bidgs, etc.)   21. HOW DID INJURY OCCUR? (City or town)   (County)   (Shele)   OR CONTRIBUTION   22. BURIAL CREMATION,   27. MAJOR STREAM   2	done during most of					eign country)	CQUN	ITRY?
JOSEPH COPINILOUS Dade  Mary E. Barns  15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yas, no, or unk.)  (If Yes, give war or doles of service)  16. SOCIAL SECURITY NO.  17. INFORMANT & ADDRESS  JOS. E. Dade Charlotte Hall, Md.  1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY,  (B)  GIVING RISE TO THE ABOVE CAUSE  STATING UNDERLYING CAUSE LAST.  (C)  11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  TO THE DEATH AUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING DEATH,  (P)  210. AUTOPSY?  YES  NO  CONTRIBUTING CAUSE NOBERLYING  OF INJURY street, office bidg., stc.)  (C)  12 IN THE OF INJURY (Month) (Dey) (Year) (Hour)  (P) ETHER, NOTIEY MEDICAL EXAMINER)  22. I hereby certify that I attended the deceased from	13. FATHER'S NAME					NAME	1 0.	0 111 1
15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, no, or unit.)  (If Yes, give wor or deles of service)  16. SOCIAL SECURITY NO.  17. INFORMANT & ADDRESS  JOS. E. Dade  Charlotte Hall, Md.  1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY,  GIVING RISE TO THE ABOVE CAUSE  STATING UNDERLYING CAUSE LAST.  DUE TO  (C)  11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT REALTED TO THE  DISEASE OR CONDITION CAUSING DEATH,  19. DATE OF OPERATION  19. MAJOR FINDINGS OF OPERATION  21b. MAJOR FINDINGS OF OPERATION  21c. MYERE DID INJURY OCCUR? (City or town)  (County)  (Stele)  22c. I hereby certify that I attended the deceased from 10 May 10	Joseph Co	rinilous Da	ade		Mary E. Ba	rns		
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  19. MEDICAL CERTIFICATION  19. MATCORDITIONS, IF ANY, (8)  19. MATCORDITIONS, IF ANY, (8)  19. DATE OF OPERATION  19. MAJOR FINDINGS OF OPERATION  19. MAJOR FINDINGS OF OPERATION  19. MAJOR FINDINGS OF OPERATION  20. AUTOPSY?  21c. WHERE DID INJURY OCCUR? (City or lown)  (County)  (Stele)  (County)  (Stele)  (County)  (Stele)  22. I hereby certify that I attended the deceased from 10. 27. 19. 75., to 10. 27., 19. 75., that I last saw the deceased alive on 10. 27., and that death occurred at 10. M., from the causes and on the date stated above.  SIGNATURE  23. BURIAL, CREMATION, DATE THEREOF MAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county)  10. AME OF CEMETERY OR CREMATORY  10. CATION (City, town, or county)  10. AME OF CEMETERY OR CREMATORY  10. CATION (City, town, or county)  10. AME OF CEMETERY OR CREMATORY  10. CATION (City, town, or county)  10. Statement of the state of the state of the county of the county of the county of the state of the county of				URITY NO.				
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  18. MEDICAL CERTIFICATION  INTERVAL BRIVETO ONSET AND DEATH  ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY,  GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  C()  11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION  20a. AUTOPSY?  21b. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, larm, lactory, OF INJURY of Indian of Injury	(Yas, no, or unk.) (If Yes	, give war or dates of servica			Jos E Da	to Charlot	to Hal	n Ma
19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  20. AUTOPSY? YES NO  21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Homa, larm, lactory, OF CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)  21c. WHERE DID INJURY OCCUR? (City or town)  (County)  (Stete)  OF INJURY Street, office bidg., etc.)  21d. TIME OF INJURY (Month) (Day)  (Year)  (Hour) While et work  Not whila et work  Not whila et work  ADDRESS (Street, city, town, state)  DATE SIGN  NO.  23. BURIAL, CREMATION, REMOVAL (SPECIFY)  DATE THEREOF  NAME OF CEMETERY OR CREMATORY  NO.  COLORS  ACCIDENT  AND COLORS  YES NO  (County)  (County)  (Stete)  (County)  (Stete)  OF INJURY OCCUR?  YES NO  (County)  (Stete)  OF INJURY OCCUR?  (City or town)  (County)  (Stete)  OF INJURY OCCUR?  WHERE DID INJURY OCCUR?  (City or town)  (County)  (Stete)  OF INJURY OCCUR?  While et work  AND COLORS  OF INJURY OCCUR?  While et work  OF INJURY OCCUR?  OF INJU	DISEASES OR CONDITION GIVING RISE TO THE AB STATING UNDERLYING OF IT OTHER SIGNIFICANT CO TO THE DEATH BUT NO	IS, IF ANY, (B) OVE CAUSE CAUSE LAST, DUE TO CONDITIONS CONTRIBUTING IT RELATED TO THE						
21a. ACCIDENT WAS UNDERLYING   21b. PLACE (Homa, Iarm, Iactory, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bidg., etc.)  21c. WHERE DID INJURY OCCUR? (City or town)  (Stele)  (Stele)  (Stele)  21b. PLACE (Homa, Iarm, Iactory, OF INJURY Street, office bidg., etc.)  21c. WHERE DID INJURY OCCUR? (City or town)  (County)  (Stele)  (Stele)  21c. WHERE DID INJURY OCCUR? (City or town)  (County)  (Stele)  (Stele)  21c. WHERE DID INJURY OCCUR? (City or town)  (County)  (Stele)  (Stele)  (Stele)  (County)  (Stele)  (Stele)  (County)  (Stele)  (County)  (Stele)  (County)  (Stele)  (Stele)  (County)  (County)  (Stele)  (County)  (County)  (Stele)  (County)  (Stele)			IDINGS OF OPERATION	N			20	D. AUTOPSY?
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)  (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Day) (Year) (Hour) While et work of w	/						YES	□ NO □
M. While etwork Not while etwork 1 Not work 1 No	OR CONTRIBUTING [ CAU	SE OF DEATH OF INJURY			. WHERE DID INJURY OCC	JR? (City or town)	(County)	(Stete)
alive on 12.7	21d. TIME OF INJURY (A		While No	t while	If. HOW DID INJURY OCC	UR?		
partar   ro/ro/))   momenement   Cuartotte Hall   Md	alive on	ah.	,, and that death	occurred at M.D.	Leave ADI	causes and on the date PRESS (Streat, city, town, st. LOCATION (City, town, or	stated above	
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24. REC'D BY REGISTRAR  DATE 10-28-	REGISTRAR'S SIG			25. FUNERAL DIRECTOR'S			

David

# CERTIFICATE OR DEATH

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Harry B. Barris

Jos. 1. Dade Uhawlatte ilall, Md.

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INSTRUCTIONS

this this

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10103

10097

# CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY St. Marys MARYLAND	STATE Maryland COUNTY St. Marys
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR and give naerest town)  TOWN  (in this place)	OR
Myth Oyrs.	, , , , , , , , , , , , , , , , , , ,
HOSPITAL OR INSTITUTION OR	STREET (If rural give location) ADDRESS
STREET ADDRESS	Rural
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
DECEASED (Type or Print)	OF
Estelle Cole Doi	miny   DEATH 10 - 21 - 1955
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATI WIDOWED, DIVORCED,	OF BIRTH 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HR
10 11 1	ug. 25, 1890 65 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even If OR INDUSTRY	COUNTRY?
retired) Housewife Domestic	Washington, D.C. USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Obemles D. Colo	Augusta M. Geisler
Charles D. Cole  15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yes, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANI & ADDRESS
no 345-07-7142	B Carl G. Dominy - Wynn, Maryland.
18. MEDICAL C	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
332X IMMEDIATE CAUSE (A) Celebrel	acomberra 1200 11
ANTECEDENT CAUSE(S) DUE TO	200000
DISEASES OR CONDITIONS, IF ANY, (B)	Toolog no for
STATING UNDERLYING CAUSE LAST, DUE TO	
(C)  11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING A	
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	in the ference , heart article
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
noa	YES NO
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory,	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
OR CONTRIBUTING THE CAUSE OF DEATH OF INJURY street, office bidg., etc.)	
21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e, INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
M. While D Clet work	no one
22. I hereby certify that I attended the deceased from	19 to 10/2/ , that I last saw the deceased
alive on 10120 , 19 , and that death occurred	at 5'30 M from the causes and on the date stated above
SIGNATURE	ADDRESS (Street, city, town, shate) DATE SIGNED
1.11	1 1/2 1/2 (60 ) 1/2 / 10/2
M.D.	ment la cont his cold w
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY	OR CREMATORY LOCATION (City, town, or county) (State)
\ REMOVAL (SPECIFY)	
REMOVAL (SPECIFY) Burial 10/20/55 Trinity	Cemetery St. Marva City Ma
	Cemetery St. Marys City, Md.
Burial 10/23/55 Trinity	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Burial 10/23/55 Trinity	

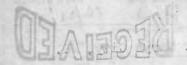
ST THOMITIANS AT IASH NO THEM MIN AGED STATE GRAIN HE M.

# CERTIFICATE OF DEATH

Mary Hart, St. of the St.

公司 经有证明

reduction of agreement



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MARYLAN	D STATE	DEPARTMEN	NT OF	HEALTH—BALT	TIMORE,	18
MEDICAL	EXAM	INER'S	CEL	RTIFICATE	OF	DEATH

MINDICITE BIRTHING CASE		2101
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
county St. Mary's Maryland	STATE Maryland. county Saint Ma	ry's
CITY (If outside corporate limits, write RURAL OR and give nearest town)  TOWN Laurel Grove  Length OF STAY (in this place)	CITY (If outside corporate limits write RURAL and OR TOWN Morganza	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural	STREET (If rural, give location) ADDRESS Rural	/
3. NAME OF (First) (Middle) DECEASED: (Type or Print) John Columbus HOLT	(Last) 4. DATE (Month) (Day OF DEATH October 1	(Year)
Male   RACE: WIDOWED, DIVORCED, (Specify): Married   2 /	9. AGE last birthday: IF UNDER I Y 12 / 12 43 yrs. Months Da	Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Farming   10b. KIND OF BUSINESS OF INDUSTRY:  Farm	Maryland	CITIZEN OF WHAT COUNTRY? U. S. A.
I3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
(Yes, no, or unk.) (If Yes, give war or dates of	Sarah Stewart  17. INFORMANT & ADDRESS:  Vilot M. Coates * 309 U St.N.W.,	Wash. 1, DC
	AL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	I henoulele	ONSET AND DEATH
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)	Solule	iediate
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY?
21a. EXTERNAL CAUSE WAS PRIMARY Tor CONTRIBUTING OF Greet, office bills, etc., CAUSE OF DEATH.	Lavel Trove (County) hay	(State)
21d. TIME (Month) (Day) (Year) (Hoyt) 21e. INJURY OCCURRED While at Not while INJURY 10 1 5 0 M. Work at work	216 HOW DID INJURY OCCUR?	en wheel
22. I hereby certify that I took charge of the remains describ		
find that death resulted from: Natural causes [], Accid	dent , Suicide , Homicide , Undeter  CHIEF MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER  M. D. ASSISTANT MEDICAL EXAM.	DATE SIGNED
23. BURNAL, CREMATION, DATE THEREOF NAME OF CEMETER REMOVAL (Specify): 10/17/55 St. Joseph's	Cemetery Morganza, Maryl	(
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REC' 17 / 55 Pour Denne Jones Jones	P. B. Robinson ;; Leonardtown.	ADDRESS Maryland,

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

BUREAU V. S.

5561 81 100

BECEIAED

OVERNO.

# NSTRUCTIONS

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

#### CERTIFICATE OF DEATH 10099

10105

	DEATH		1 2 119	UAL RESIDEN	TE (HOME) OF	DECEASE	-D	
COUNTY	St. Marys	IN PAINT I					Mary	
OR end air	ide corporate fimits, write RUI	RAL LENGTH O		(If outside corpore	ete limits, write RUR	AL and give ne	arest town)	
X TOWN	Hermansvi]		TO	VN Herma	nsville			X
HOSPITAL OR INSTITUTION OF STREET ADDRESS	OR		STR ADI	Ress Rural	(If rur	al give location)		1
3. NAME OF	(First)	(Middle)	(Lest)		4. DATE	(Month)	(Day)	(Yaar)
(Type or Print)	Thomas	Frederick	Hopew	ell	OF DEATH	10 -	25 -	1955
S. SEX	6. COLOR OR 7.	SINGLE, MARRIED,	8. DATE OF BIRTH	9	. AGE last birthda	y   IF UNDE	R I YEAR	IF UNDER 24 HR
male	colored	(Specify) married	Feb. 12, 188	38	67	Months yrs.	Deys	Hours   Min.
done during a	PATION (Giva kind of work nost of working life, evan if	10b. KIND OF BUSINES OR INDUSTRY	S   11. BIRTHP	LACE (State or foreig	n country)	1	2. CITIZEI	N OF WHAT
	hool janitor	State of		aryland				USA
13. FATHER'S NA	WE		14. M	OTHER'S MAIDEN N	AME			
	John Hopew	rell		Maria Ch	ase			
	ED EVER IN U. S. ARMED FO		JRITY NO.   17	INFORMANT & AL	DDRESS			
(Yes, no, or unk.)	(If Yes, give war or dates o		07-2011 A	gnes P. H		77		272
DISEASES OR CO GIVING RISE TO STATING UNDERL'	CEDENT CAUSE(S)  DUE  NDITIONS, IF ANY, THE ABOVE CAUSE YING CAUSE LAST, O CANT CONDITIONS CONTRIB BUT NOT RELATED TO THE	10 GOUS	nalizeo	Arta	repelo	ru-i	10	ogen
DISEASE OR CO	NDITION CAUSING DEATH.							
19e. DATE OF OPE	RATION 196. M	AJOR FINDINGS OF OPERATION					20 YES	. AUTOPSY?
21e. ACCIDENT W	AS UNDERLYING 21 21 CAUSE OF DEATH OF MEDICAL EXAMINER	b. PLACE (Home, farm, fector, FINJURY street, office bldg., etc	21c. WHERE	DID INJURY OCCUR	(City or town)	(Cou	inty)	(Steta)
OR CONTRIBUTING				DID INJURY OCCUR				
(IF EITHER, NOTIFY	IRY (Month) (Day) (Year	Whila No	RRED 21f. HOW	DID INJURY OCCUR	,			
21d. TIME OF INJU  22. I hereby alive on	certify that I attend	Whila No	while work   19	.M, from the ca	+25 , 19	he date stat		
22. I hereby alive on signatu	certify that I attended to the state of the	M. While No shaded the deceased from And that death	occurred at 8. M.	.M, from the ca	uses and on the	he date state, town, state)	ed above	PATE SIGNED
22. I hereby alive on SIGNATU  23. BURIAL, CREAREMOVAL (SE	certify that I attended to the second of the	M. While No at work No at work No, and that death	occurred at	M, from the ca	LOCATION (City,	town, or count	ed above	). 27-5
22. I hereby alive on SIGNATU  23. BURIAL, CREAREMOVAL (SE	recertify that I attended to the state of th	M. While No at work No at work No, and that death	occurred at	M, from the ca	LOCATION (City,	town, or count	ed above	DATE SIGNED  3. 27-5.  (Stata)

MANY CAME STAYS DEPARTMENT OF REALISHMENT WATERINGS IN HEARD ROLL OF DEATH The state of the s el ivenment 11 11 0 C + ... The contract of the contract o example of the control of the contro ecal way were as a reason manager out when a memory but set her could be a set of the could be a set of the country and the country of the co

(Year)

19 55

Min.

IF UNDER 24 HRS

Hours

ONSET AND DEATH

20. AUTOPSY?

NO 3

(State)

DATE SIGNED

(State)

YES

# MTAGG TO STANFARD OF DEATH

1 /CI NI NOS SAN omenada de la serie de la como payred de determination is beatyrand Pure Contains to the contains deal atvalled farm The state of the s ling.lyttsii. 1-813 - 72 -1335 (111) to 4. Hore Hecker's Machini. BUREAU V. S

Wos. C. Mattingley - Leonar Trom. Fd.

this this

72 hours after death. After director, the third copy of

the registrar within in by the funeral

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

A15C 1-55 10M

VS

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10101 CERTIFICATE OF DEATH

10108

								R	eg. Dis	t. No.	5/	
1. PLACE OF	F DEATH				2.	USUAL RESI	DENCI	E (HOME) OF D	ECEASI	ED		
COUNTY	St.Mary's		MARYL	AND		STATEMary ]	land	COUNTY	St M	arv t	S	
CITY (If out OR end a	side corporate limits, write RURA	L	LENGTH OF					limits, write RURAL	nd give ne	erest town)		
	llywood	-	10	rs.			llyv	rood			X	
HOSPITAL OF						STREET			ve locetion	)	1	
STREET ADDR	ESS					ADDRESS					1	
3. NAME OF DECEASE	(First)	(A	Aiddla)		(Last)			4. DATE (Mo	nth)	(Day)	(Yee	er)
(Type or Print)		Fra	nklin	Mo	Kay	7			et.	21	19	55
5. SEX	6. COLOR OR 7. S	INGLE, MARRIED	D, DPCED	8. DATE C	F BIRTH	1	9.	AGE last birthday	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.
Male	White	Specify) Wid	owed	Septe	emb	er 17,18	372	83 yrs.	Months	Days	Hours	Min.
	JPATION (Give kind of work most of working life, even if	10b. KIND	OF BUSINESS			RTHPLACE (State or		country)			N OF WH	AT
retired)	Farming	Far			Man	yland				U.S		
13. FATHER'S NA	ME				14	. MOTHER'S MAIL	DEN NA	ME				4
i.M	itchell Mc	Kay				Mary (	Cox					
	ED EVER IN U. S. ARMED FOR		SOCIAL SECT	JRITY NO.		17. INFORMANT			-			
(Yes, no, NOk.)	(If Yes, give wer or dales of s	ervicej	NONE			Manning	g Mo	Kay Leon	nard	town.	Md.	
ANT DISEASES OR CO	MEDIATE CAUSE (A) ECEDENT CAUSE(S) DUE T ONDITIONS, IF ANY, THE ABOVE CAUSE LYING CAUSE LAST.	· gen	18. MEI	OICAL CER		tuica	in	Pravis			s y	
TO THE DEATH DISEASE OR CO	(C) CANT CONDITIONS CONTRIBUT BUT NOT RELATED TO THE ONDITION CAUSING DEATH.	Chil	ecya	titie	7					16	men	the
19a. DATE OF OP	ERATION 196. MAJ	OR FINDINGS O	F OPERATION							YES YES	AUTOPS	
OR CONTRIBUTING	VAS UNDERLYING   21b.	PLACE (Home, NJURY street, off	ferm, factory lice bldg., etc.	'i   '	21c. W	HERE DID INJURY O	CCUR?	(City or town)	(Cor	anly)	(Stata	MICO
21d. TIME OF INJU	JRY (Month) (Dey) (Yeer)	(Hour) 21a. 1 While M. et wor		RRED while work	211. H	OW DID INJURY O	CCUR?					
22. I hereby alive on SIGNATU	certify that I attended			V	4 0	OPM, from the	he cau	ses and on the	date stat	ed abov		
	1/10	em		M.D.		great	m	ills /12	1	15	(22)	53
BURIAL, CREA	MATION, PECIFY) 10/2	4/55	St,	John 1		TORÝ		Hollywoo		-	rylar	nd
DATE TO BY REC	GISTRAR REGISTRAR	S SIGNATURE	ho		25:	FUNERAL DIRECTO	OR'S SIG		Long	ADDRESS	415	md.

COUNTY

(Day)

Months

Days

(Year)

Hours

112. CITIZEN OF WHAT

Onset And Death

20. AUTOPSY ?

Yes I No P

(STATE)

DATE/SIGNED

ADDRESS

COUNTRY?

OCL 6 1955

BUREAU V. S.

# 10103 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

231

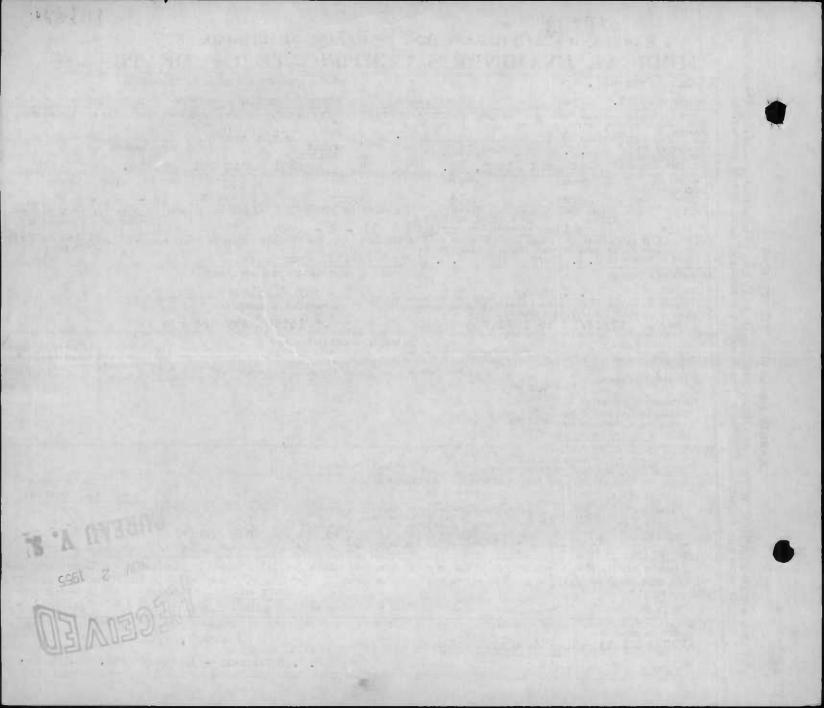
MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	No.
. PLACE OF DEATH:		2. USUAL RESIDENCE	(HOME)	OF DECEASED:	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY St. Marys MARYLAND	STATE Colorado county unknow	vn
CITY (If outside corporate limits, write RURAL OR and give nearest town)  Y TOWN Lexington Park  Lexington Park  Lexington Park  Lexington Park  Lexington Park	OR _	give nearest town)
HOSPITAL OR U.S. Naval Hospital Patuxent River, Md.	STREET (If rural, give location) ADDRESS 1601 North College Ave.	1
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Loren Dale	(Last) 4. DATE (Month) (Day) Moody DEATH 10 - 24	
male RACE: WIDOWED, DIVORCED, (Specify): married 1	E OF BIRTH: 9. AGE last birthday: IF UNDER I Y.  1 - 1 - 1924 30 yrs. Months Da	ys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): U.S. Navy		CITIZEN OF WILAT COUNTRY! USA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
E.N. Moody	Amy WIllimson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of	17. INFORMANT & ADDRESS:	
yes 12/12/42 to 10/24/55	Official Navy Records	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:  976 X Immediate cause  DUE TO  Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause  DUE TO	helelwood of Irani	INTERVAL BETWEEN ONSET AND DEATH
stating underlying cause last (c)  II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Le	
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes No
PRIMARY or CONTRIBUTING OF Street, office bldg., etc.	216. (City or town)  (County)  (County)  (County)  (County)  (County)	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at work AM. While at work at work	toll ife wir our K	-
22. I hereby certify that I took charge of the remains descrifind that death resulted from: Natural causes [], Accisionature	dent , Suicide , Homicide , Undeter  CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	mined cause DATE SIGNED
REMOVAL (Specify): 10/26/55	RY OR CREMATORY LOCATION (City, town, or con Jackson, Wyoming	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 10 - 27-55 STATEMENT TO THE PROPERTY OF THE PRO	P.B. Robinson - Leonardtown,	Maryland.
Local		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

- 5 - 53 A15A

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BUREAU V. S.

DECENTED STATE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10111

Reg. Dist.

## MEDICAL EVAMINED'S CEDUIEICAME OF DEAMH

MEDICAL EXAMINER S CER	TIFICATE OF DEATH	No. 0
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY St. mary's MARYLAND	STATE Maryland COUNTY St.Mary	5
CITY (If outside corporate limits, write RURAL OR and give nearest town)  TOWN Rural mechanicsville 18 vrs	CITY (If outside corporate limits write RURAL and OR TOWN Rural mechanicsville	
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)	/
	(Last)  4. DATE (Month) (Day OF DEATH OCT 17	19 55
Female white WIDOWED, DIVORCED, Janua		
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retiredOUSEWIIE	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WILAT
13. FATHER'S NAME: William Wathen	14. MOTHER'S MAIDEN NAME: Sarah Morgan	
(Yes, no, or unk.) (If Yes, give war or dates of	17. INFORMANT & ADDRESS:	Md.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:  Immediate cause  (a)  OUE TO  Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	columni Laoni	INTERVAL BETWEEN ONSET AND DEATH
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	٠	
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes No
21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Street, office bldg., etc., CAUSE OF DEATH.	noul	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while work  M. (Action of the control o	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains described find that death resulted from: Natural causes Accide SIGNATURE		
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER 10/19/55 St. Joseph	s Morganza,	ounty) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  10-18-55 None D. Harrely La	Jos. C. Mattingley Leonar	dtown, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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. Date of Divergen vilos. Antwo a sepon

UREAU V. S.

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JA130310

sedness of Extension February

Dayl

Daya

COUNTRY?

(Year)

19 55

INTERVAL BETWEEN

ONSET AND CEATH

20. AUTOPSY?

DATE SIGNED

Claymont, Delaware

FUNERAL DIRECTOR

(State)

(State)

1 hr. 35 m.

Removal BURIAL DATE REC'D BY LOCAL

ARGIN RESERVED

Haward to appoint that

BUREAU V. S.

5351 58 130



VS A15C 1-55 10M

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

#### CERTIFICATE OF DEATH 10107

10113 282 Reg. Dist. No....

1. PLACE OF DEATH		2. USUAL RESIDI	2. USUAL RESIDENCE (HOME) OF DECEASED		
COUNTY St. Marya	STATE Distri	STATE District of Columbia			
CITY (If outside corporete limits, write RURAL OR end give necrest town)	LENGTH OF STAY (In this place)	CITY (If outside cor	CITY (If outside corporete limits, write RURAL end give neeres) town)		
X TOWN Leonardtown	14 hrs.		hington	1174 3	
HOSPITAL OR	HOSPITAL OR		STREET (If rurel give location)		
78 STREET ADDRESS St. Marya Hospi	tal	ADDRESS	-19th Street S.	R.	
3. NAME OF (First)	(Middle)	(Lest)	4. DATE (Month)	(Dey) (Yeer)	
(Type or Print) William I	conard	Stevens	DEATH 10/ 3	1 /55	
5. SEX   6. COLOR OR   7. SINGLE,	MARRIED,   8. DATE	OF BIRTH		1 / 1955 DER 1 YEAR LIF UNDER 24 HRS.	
(Specify	ED, DIVORCED,	- 10 1000	Month		
TOTAL WILLIAM	married Fel	19. 1900	reion country)	12. CITIZEN OF WHAT	
done during most of working life, even if	OR INDUSTRY		ionym country)	COUNTRY?	
relired) Auto Mechanic Te	mple Metors	Virginia 14. MOTHER'S MAIDER	I NIA AAE	USA	
Temple Stevens 15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	Elizabet			
(Yes, no, or unk.) (If Yes, give wer or dejes of service)		17. INFORMANT 8	ADDRESS 1421-1	9th St. S.E.	
no li	577-16-0137		Stevens- Washi	ngton, D.C.	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO	18. MEDICAL CE	1		ONSET AND DEATH	
540.0 IMMEDIATE CAUSE (A)	Intectin	al her	mon4za Q	٥	
2115 22					
DISEASES OR CONDITIONS, IF ANY, (B)	B. Cee de m	meelset	l'es divestion	Pe 1/11	
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO	56 ( Las	and the	0.	Illin	
(C)	>417)	reacy in	the		
TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
19e. DATE OF OPERATION 19b. MAJOR FIN	DINGS OF OPERATION			20. AUTOPSY?	
OI ACCIDING WAS INDEDIVING ET LOU DIAC				YES NO	
21a. ACCIDENT WAS UNDERLYING   21b. PLACI OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Home, ferm, fectory, streel, office bldg., etc.)	21c. WHERE DID INJURY OCC	UR? (City or town) (C	ounty) (State)	
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour)	While Not while	21f. HOW DID INJURY OCCUR?			
М.	et work et work				
22. I hereby certify that I attended the	deceased from 10156	1955, 10 10	131 19 T.T. tha	t I last saw the deceased	
alive on 10, 30 ., 19 75	, and that death occurred	at G A M, from the	causes and on the date str	ated above.	
SIGNATURE		AD	DRESS (Street, city, town, slete)	DATE SIGNED	
buartan	W M.D.	Lei	mannt One, Mie	1 10,31TM	
23. BURIAL, CREMATION, DATE THEREOF REMOVAL (SPECIFY)	NAME OF CEMETERY C		LOCATION (City, town, or cou	nty) (State)	
Burial 11/2/5	Fort Linco	In Cemetery	Bladensburg,	Maryland.	
24. REC'D BY REGISTRAR REGISTRAR'S SIGN	NATURE 47 /	25. FUNERAL DIRECTOR	S SIGNATURE	ADDRESS	
DATE 10/31/55 Clant	J. Housery	Diament - 1		Good Hope Rd.	

/ Davis

# CHILINGATE OF DEATH

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STORE LEED

HOULTHOOK

LARL - Lettle Street S.E.

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Sig-16-page | Decite R. Stevens- Machineton, J.

BUREAU V. S.

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Maria Constitution

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# TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit. ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death The bottom copy may be retained by the hospital or attending physician.

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

# 10108 CERTIFICATE OF DEATH

10114

Reg. Dist. No. 281

1. PLACE OF DEATH		2. USUAL RESID	ENCE (HOME) OF DECE	ASED
COUNTY St. Marys: MAR	RYLAND	STATE Mary	and COUNTY St	t. Marys
	H OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)		
X TOWN Callaway 2		TOWN Cally	Way	X
HOSPITAL OR	1 320	STREET	(If rurel give local	etion) /
INSTITUTION OR STREET ADDRESS		ADDRESS Rura		
3. NAME OF (First) (Middle)		(Last)	4. DATE (Month)	(Dey) (Year)
(Type or Print)	m.		DEATH 10	- 29 19 55
5. SEX   6. COLOR OR   7. SINGLE, MARRIED,	i 8. DATE C	ompson E RIPTH	10	= 29 19 55 JNDER 1 YEAR   HE UNDER 24 HR:
male colored (Specify) marrie		7. 1875		nths Deys Hours Min.
10a, USUAL OCCUPATION (Give kind of work   10b, KIND OF BUS	INESS	11. BIRTHPLACE (State or fo		12. CITIZEN OF WHAT
done during most of working life, even if OR INDUSTRY		Marrel and		COUNTRY? USA
farming   farm owne:	r	Maryland  1 14. MOTHER'S MAIDE	N NAME	Olive
S. FAIRLY S NAME		14. MOTHER 3 MAIDE		
William Thompson		Sophia	Briscoe	
	SECURITY NO.	17. INFORMANT	ADDRESS	
(Yes, no, or unk.) (If Yes, give wer or dates of service)		Nellie	B. Thompson, Ca	llaway. Md.
18.0	MEDICAL CER			INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		11	m	ONSET AND DEATH
420. / IMMEDIATE CAUSE (A) LOTON	un l	ham be	us	2 month
ANTECEDENT CAUSE(S) DUE TO	1	000		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO				
(C)		,		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	alan	throso	lesoris	6 years
190. DATE OF OPERATION   196. MAJOR FINDINGS OF OPERA	TION			20. AUTOPSY?
				YES NO
ZÎB. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fo OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg. (IF EITHER, NOTIFY MEDICAL EXAMINER)	ectory, ., atc.)	21c. WHERE DID INJURY OC	CUR? (City or town)	(County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY (While M. et work	Not while et work	21f. HOW DID INJURY OC	CUR?	
22. I hereby certify that I attended the deceased from	n See a co	10/7-10/0	+ 94 1057	hat I last saw the decease
alive on 0 1 196.5 and that de				
SIGNATURE	M.D.	Pant Mi	DRESS (Street, city, town, ste	DATE SIGNE
23. BURIAL, CREMATION, DATE THEREOF NAME REMOVAL (SPECIFY)	OF CEMETERY OR	EREMATORY	LOCATION (City, town, or	(,,,,,,
Burial 11/2/55   St	. Georges	Cemetery	Valley Lee	, Maryland
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR		ADDRESS
white t30/92 MMen Attis		x10.011	lime you to	onardtown, Md.

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